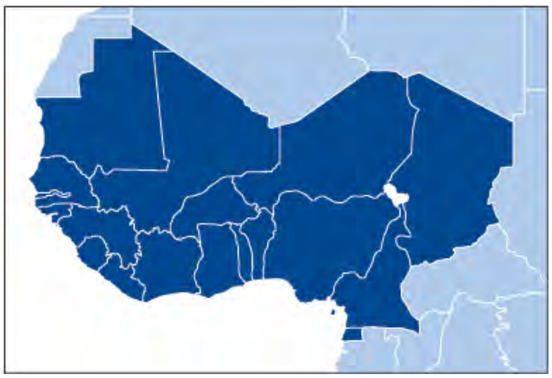
HIV/AIDS HEALTH PROFILE

West Africa

The U.S. Agency for International Development is a key partner in the U.S. President's Emergency Plan for AIDS Relief.



Overall HIV Trends

The HIV/AIDS epidemic in West Africa has remained relatively stable with comparatively lower HIV prevalence than the epidemics in East and Southern Africa. Based on 2005 data, close to 6 million people in countries supported by the U.S. Agency for International Development (USAID) in West Africa are living with HIV/AIDS. **Nigeria** alone has the second-largest number of people living with HIV after South Africa. Of the countries in the region with available data, one (**Cameroon**) has a national HIV prevalence of more than 5 percent. Six countries (**Chad, Côte d'Ivoire, Equatorial Guinea, Ghana, Nigeria,** and **Togo**) have prevalence rates between 2 and 5 percent, and eleven (**Benin, Burkina Faso, Gambia, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Senegal,** and **Sierra Leone**) have rates of less than 2 percent.

Within countries, prevalence varies widely by geographic regions and vulnerable populations. **Nigeria**, for example, has an overall national prevalence of 3.1 percent, but statewide HIV prevalence among pregnant women, for example, has ranged from as low as 1.6 percent in Ekiti in the west to 10 percent in Benue in the southeast. The 2005 **Côte d'Ivoire** AIDS Indicator Survey also found regional variation in HIV prevalence; the lowest prevalence of 1.7 percent was recorded in the northwest region, while Abidjan reported a prevalence of 6.1 percent. In some regions of **Cameroon,** prevalence rates have reached above 8 percent compared with the national prevalence of 5.1 percent. In **Chad**, the epidemic appears to be concentrated mainly in urban areas where the HIV prevalence was found to be 7 percent, nearly three times higher than in rural areas. According to the 2006 **Benin** Demographic and Health Survey (DHS), 1.2 percent of adults nationally were infected with HIV, and prevalence among women (1.5 percent) was almost twice as high as among men (0.8 percent). In **Senegal**, HIV prevalence was only 0.4 percent in 2001 in the general population. However, prevalence rates as high as 30 percent have been found among female sex workers in Ziguinchor. In **Mali,** HIV prevalence is relatively low (1.5 percent) compared with other countries in the West Africa region; however, 35 percent of female sex workers surveyed in 2006 by the Ministry of Health were HIV positive.

The HIV epidemic in **Burkina Faso, Côte d'Ivoire**, and **Mali** continues to decline. Surveillance data from **Côte d'Ivoire** also show declines in urban areas among pregnant women, while the 2006 national adult HIV prevalence was estimated at 4.7 percent in 2006, down from 7 percent reported in 2004. In **Togo,** prevalence among pregnant women tested for HIV at antenatal clinics in 2006 was 4.2 percent, down from 4.8 percent in 2003 and 4.6 percent in 2004, indicating a decline in national infection levels. Based on antenatal surveillance data, the prevalence in **Nigeria** seems to have stabilized at 3.1 percent.Comprehensive knowledge of HIV remains low in West Africa and is an obstacle to reducing new infections. For example, according to the Demographic Health Survey (DHS) conducted across West Africa from 2003 to 2008, less than 50 percent of the population between the ages of 15 and 49 had comprehensive correct knowledge about HIV/AIDS[1]. Intensified efforts to increase HIV prevention among young people are also required.

HIV Estimates in West African Countries	
Benin	
Total Population	8.8 million
Estimated Number of Adults and Children Living with HIV/AIDS	64,000
Adult HIV Prevalence	1.2%
HIV in Most-at-Risk Populations:	
Female Sex Workers (Porto Novo)	25.5% (2006)
Cameroon	
Total Population	18.9 million
Estimated Number of Adults and Children Living with HIV/AIDS	540,000
Adult HIV Prevalence	5.1%
HIV in Most-at-Risk Populations:	
Female Sex Workers (Yaoundé)	26.4% (2004)
Chad	
Total Population	10.3 million
Estimated Number of Adults and Children Living with HIV/AIDS	200,000
Adult HIV Prevalence	3.5%
Côte d' Ivoire	
Total Population	20.6 million
Estimated Number of Adults and Children Living with HIV/AIDS	480,000
Adult HIV Prevalence	3.9%
HIV in Most-at-Risk Populations:	
Commercial Sex Workers (Abidjan)	28% (2000)
Ghana	
Total Population	23.9 million
Estimated Number of Adults and Children Living with HIV/AIDS	260,000
Adult HIV Prevalence	1.9%
HIV in Most-at-Risk Populations:	
Female Sex Workers (Accra)	38% (2006)
Men who Have Sex with Men (Accra)	25% (2006)
Mali	
Total Population	13.4 million
Estimated Number of Adults and Children Living with HIV/AIDS	100,000
Adult HIV Prevalence	1.5%
HIV in Most-at-Risk Populations:	
Female Sex Workers (Bamako)	35.3% (2006)
Nigeria	
Total Population	149.2 million
Estimated Number of Adults and Children Living with HIV/AIDS	2,600,000
Adult HIV Prevalence	3.1%
HIV in Most-at-Risk Populations:	
Injecting Drug Users (Abuja)	5.6% (2007)
Female Sex Workers (Abuja)	32.7% (2007)
Men who Have Sex with Men (Abuja)	13.5% (2007)
Togo	
Total Population	6 million
Estimated Number of Adults and Children Living with HIV/AIDS	130,000
Adult HIV Prevalence	3.3%
HIV in Most-at-Risk Populations:	
Female Sex Workers (Lomé)	29.3% (2005)

Sources: US Census Bureau 2009; UNAIDS 2008

There have been improvements in the expansion of AIDS treatment services in West Africa in the last few years. In the 2008 progress report, *Towards Universal Access,* WHO/UNAIDS/UNICEF provided the following data on the percentage of HIV-positive people with antiretroviral therapy (ART) coverage: 25 percent in Cameroon; 13 percent in Chad; 28 percent in Côte d'Ivoire; 16 percent in Ghana; and 26 percent in Nigeria. Coverage has reached 49 percent in Benin, and 41 percent in Mali. Challenges still remain in achieving universal access to ART. For example, based on the 2009 *Towards Universal Access* report, coverage is considerably lower among children than among adults. Although data are limited, estimated ART coverage for children in most West African countries is less than 15 percent. The exceptions are Benin and Côte d'Ivoire, where coverage is 44 and 20 percent, respectively.

People living with HIV are particularly vulnerable to developing drug-resistant tuberculosis (TB) because of their increased susceptibility to infection and progression to active TB. In West Africa, TB co-infection with HIV constitutes a serious public health threat. According to the 2009 *Global Tuberculosis Control* report, HIV

[1] The percent of respondents who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can have HIV.

prevalence in new TB cases is very high in some West African countries, such as **Côte d'Ivoire** (39 percent), **Togo** (28 percent), **Chad** (27 percent), **Nigeria** (27 percent), and **Cameroon** (43 percent). Although HIV testing for TB patients is increasing quickly, HIV-infected persons are not routinely screened for TB, though this is a relatively efficient method of case finding. There is an urgent need to improve access to TB culture and drug sensitivity testing and to introduce effective infection control practices in HIV clinics to prevent the spread of TB.

Economic and Social Impact of HIV/AIDS in West Africa

The HIV/AIDS epidemic is erasing decades of progress in increasing the life expectancy of the people of West Africa. The vast majority of people in West Africa who have HIV/AIDS are between the ages of 15 and 49, and millions of adults are dying young or in early middle age. The U.S. Census Bureau now reports that many West African countries have lost close to a decade from previous life expectancy estimates as a result of HIV/AIDS. In **Côte d'Ivoire**, life expectancy is anticipated to decline from 57 to 46 years as a result of AIDS, while in **Burkina Faso** the expected decline is from 55 to 46.

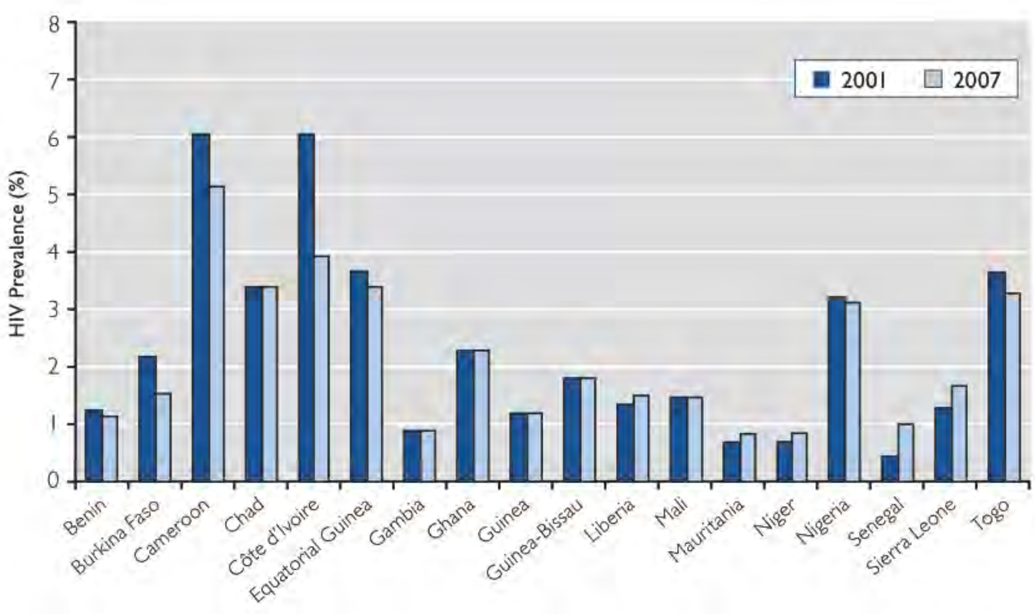
The epidemic is also reversing progress in poverty reduction. AIDS is exacerbated by poverty, therefore affecting poorer populations disproportionately to middle or higher income groups. A study in **Burkina Faso** reported by UNDP has calculated that AIDS will increase the percentage of people living in extreme poverty from 45 percent in 2000 to 51 percent in 2015. Economic activity and social progress are slowing as more of the labor force becomes ill or dies. The International Labor Organization estimates the workforce in many West African nations will decline significantly in the coming years as a result of HIV/AIDS. In **Burkina Faso** and **Côte d'Ivoire**, the cumulative loss of males and females in the workforce is expected to reach 5.8 and 7.1 percent respectively by 2010. Therefore, businesses recognize that they have a stake in responding to the epidemic, which can affect both their workforce and consumer base for their goods.

The effect of HIV/AIDS on West Africa's health sector is particularly challenging, as the epidemic simultaneously places additional strains on already overburdened health staff while depleting human resources. Research in **Nigeria** has found that increases in health sector staff will be needed to meet the counseling, testing, and treatment targets set by the U.S. President's Emergency Plan for AIDS/Relief (PEPFAR). In addition to the increased patient burden, many health workers are contracting HIV. According to Tawfik and Kinoti (2001) in *The Impact of HIV/AIDS on the Health Sector in Sub-Saharan Africa: The Issue of Human Resources*, an assessment in **Senegal** demonstrated that although 91 percent of surveyed health workers recognize that handling body fluids contaminated with HIV or hepatitis increases the risk of transmission, only 25 percent take appropriate precautions. Therefore, health personnel may encounter additional risk of contracting HIV depending on their adherence to proper procedures.

HIV/AIDS can have devastating effects on households. Many families lose their primary income earners, while others lose the incomes of family members forced to stay home and care for the sick. Caring for an individual with AIDS in sub-Saharan Africa can take up as much as one-third of a family's monthly income. As more family members fall ill and die due to causes attributable to the virus, the dependency ratio increases. Grandparents can no longer rely on their children for support; instead, they become responsible for their grandchildren and the burden of support that this situation imposes. Among West African countries, the projected increase (by 2010) in economic dependency ratios due to HIV/AIDS deaths and illness is 2.8 percent in **Togo**, 3.5 percent in **Nigeria** and nearly 4 percent in **Liberia.**

Millions of children are becoming orphans as a result of HIV/AIDS. The magnitude of the situation is particularly serious in **Nigeria**, where almost 1 million children have lost one or more parents to HIV/AIDS. According to UNICEF's childinfo database from 2007, 420,000 children in **Côte d'Ivoire** and 300,000 children in **Cameroon** have lost one or both parents to HIV disease. Depending on their status, many of these children are raised by

Trends in HIV Prevalence, 2001–2007 (Adults 15–49)



Source: UNAIDS 2008 Report on the Global AIDS Epidemic.

their grandparents or live in child-headed households. As more parents die, the effect of HIV/AIDS on the region's children cannot be overstated. Many children who lose parents also lose their childhood and are forced by circumstances to become generators of income or food or caregivers for sick family members. They suffer their own increased health problems related to inadequate nutrition, housing, clothing, and basic care. They are also less able than other children to attend school regularly. A recent *Literature Review on the Impact of Education Levels on HIV/AIDS Prevalence Rates* by the World Food Programme found that rising HIV rates were correlated with lower levels of education. This in itself indicates an increased risk for HIV infection.

Stigma and discrimination have long been identified as major obstacles that keep people living with HIV from accessing prevention, treatment, and care services. According to the 2003 **Ghana** DHS, only 15 percent of men and 8 percent of women were found to have accepting attitudes toward people with HIV.[2] In **Guinea**, **Nigeria**, and **Senegal**, accepting attitudes toward people with HIV were even lower, with fewer than 10 percent of men and fewer than 5 percent of women expressing accepting attitudes toward people with HIV. Stigma often leads to discrimination and other violations of human rights that affect the well-being of people living with HIV.

National/Regional Response

Most countries in the region have established national-level multisectoral AIDS councils which reside in the offices of the president or prime minister. Across the region, West African countries coordinate approaches to HIV/AIDS through the Economic Community of West African States and its affiliate, the West Africa Health Organization (WAHO), which receives significant support from West Africa Regional Program. Building on lessons learned from its first strategic plan which concluded in 2007, WAHO's FY2009–2013 Strategic Plan aims to support quality

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[2] Respondents in a general population survey are asked the following series of questions about people with HIV: If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household? If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from them? If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school? If a member of your family became infected with the AIDS virus, would you want it to remain a secret? Only a respondent who reports an accepting or supportive attitude on all four of these questions enters the numerator. The denominator is all people surveyed.

improvement of the health systems, health services improvement, and development of sustainable financing of health in the region. WAHO is uniquely placed to aid in the coordination of health training, policies, standards, and the quality of care available in the region.

The following are examples of country-level responses to the epidemic in West Africa:

- In **Benin,** the National AIDS Control Committee coordinates the national AIDS response. In 2006, the Committee developed a 2007–2011 strategic framework focused on universal access, interventions for at-risk groups, and increased involvement of young people with a greater emphasis on orphans and vulnerable children (OVC). The plan also focuses on the implementation of the "Three Ones" through a single system of evaluation and improved coordination among stakeholders.
- In **Cameroon**, the country has a National AIDS Control Committee and a wide representation of stakeholders including the head of state. The government's Poverty Reduction Strategy Paper declared HIV a health emergency and priority program. The National Strategic Plan 2006–2010 was launched in March 2006 with universal access objectives. The government has demonstrated financial commitment to the fight against AIDS by increasing funding for the program.
- In **Chad,** sociopolitical insecurity and nearly 400,000 displaced persons and refugees have weakened the country's capacity to respond to the epidemic. Funding was suspended due to political instability and a new strategic framework (2007–2011) had to be developed and budgeted. A new operational plan was also developed (2008–2011). The United Nations has mainstreamed HIV into the humanitarian response.
- In **Côte d' Ivoire**, the 2006–2010 National Strategic Plan contains targets for scaling up toward universal access to HIV prevention, treatment, and care and support. The president is leading the efforts to mobilize resources in the public and private sectors for implementing the plan. The plan targets youth, women and girls, ex-combatants, sex workers, truck drivers, drug users, men who have sex with men, teachers, people living with HIV/AIDS, and prison populations.
- In **Ghana**, the Ghana AIDS commission is the coordinating body for all HIV/AIDS-related activities and the current plan for 2006–2010 builds upon previous successes. Ministry of Education life skills education programs are currently in place, as are workplace programs through the Ministry of Employment and Social Welfare.
- In **Mali,** the Ministry of Health's National Committee for AIDS Prevention provides support to various initiatives and programs, including clinical and vaccine trials. Mali has a national strategic plan for 2006–2010. The Plan has strong support from civil society and the public and private sectors.
- In **Nigeria, t**he National Action Committee on AIDS (NACA) was legally transformed into an Agency for the Control of AIDS by Parliament in 2007. The National Strategic Framework (2005–2009) was created and used by all states to develop State Strategic Plans, which address their specific needs. Nigeria developed a plan for scaling up for Universal Access to HIV prevention, treatment, care and support in February 2006.

USAID Support in West Africa

USAID's HIV/AIDS programs in West Africa are implemented in partnership with PEPFAR: the largest commitment ever by any nation to an international health initiative dedicated to a single disease. Reauthorized in July 2008, PEPFAR's new 10-year goals are to prevent more than 12 million new infections, provide antiretroviral treatment to 3 million HIV-infected people, and care for 12 million individuals, including 5 million OVC. As reauthorized, PEPFAR calls for the development of Partnership Frameworks for countries receiving support in order to encourage a more sustainable approach to combating HIV/AIDS, characterized by strengthened country capacity, ownership, and leadership. Each Partnership Framework will provide a 5-year joint strategic framework for cooperation between the U.S. Government and the host government, as well as other partners, in efforts to mitigate the effects of HIV/AIDS in the host country through service delivery, policy reform, and coordinated financial commitments.

Under PEPFAR in Africa, USAID's staff of foreign service officers, trained physicians, epidemiologists, and public health advisers work with host governments, NGOs, and the private sector to provide training, technical assistance, and supplies – including pharmaceuticals – to prevent and reduce the transmission of HIV/AIDS and provide care and treatment to people living with HIV/AIDS (PLWHA). In fiscal year 2010, USAID continues efforts to prevent the spread of HIV/AIDS using several interventions:

- The ABC approach to preventing sexual transmission of HIV – Abstinence, Be faithful, correct and consistent use of Condoms
- Research and interventions on the prevention of AIDS through male circumcision
- Prevention of further HIV transmission among PLWHA
- Prevention of mother-to-child transmission
- Voluntary counseling and testing
- Injection safety and ensuring the safety of blood supplies
- Provision of therapy for concurrent illnesses and opportunistic infections, as well as palliative care
- Nutritional therapy
- Provision of ART for PLWHA
- Support for OVC

As USAID is uniquely positioned to support multisectoral responses to HIV/AIDS that address the pandemic's widespread impact outside the health sector, the Agency supports cross-sector programs that 1) link to HIV/AIDS in areas such as agriculture, education, democracy, and trade, and 2) jointly support the objective of reducing the pandemic's impact on nations, communities, families, and individuals. USAID also supports a number of international partnerships. It provides staff support to the Global Fund; and works with Global Fund local coordinating committees to improve the implementation of Global Fund programs and their complement to U.S. Government programs. Finally, USAID supports targeted research on vaccines; the development and dissemination of new technologies; new packaging and distribution mechanisms for antiretroviral drugs; training for improved local responses to the epidemic from NGOs and faith-based organizations; and infrastructure development for appropriate clinic design and laboratory facilities.

USAID Country Support in West Africa

In West Africa, USAID-supported Emergency Plan initiatives are carried out in two priority countries: **Côte d'Ivoire** and **Nigeria**. In addition, HIV/AIDS programs are also implemented in many other countries, including **Benin**, **Ghana**, **Guinea**, **Mali**, and **Senegal**.

Examples of recent USAID assistance have included the following activities and interventions:

- Supported the government of **Côte d'Ivoire** in the integration of new prevention of mother-to-child transmission policies and guidelines as a part of national HIV/AIDS policy.

- Continued scale-up of ART, which led to massive improvements in coverage rates from 2003 to 2008 in **Côte d'Ivoire** (from 4 to 27 percent) and **Nigeria** (from 2 to 28 percent).

- Strengthened the capacity of the Ministry of Health of **Benin**, including the National AIDS Control Committee, to implement the national HIV/AIDS/sexually transmitted infection (STI) program to promote policies that facilitate social marketing and the availability of health services and create a favorable political environment for engaging the private sector and civil society in the fight against HIV/AIDS and STIs.

- Increased the number of individuals tested for HIV by 48 percent in **Mali** by expanding USAID-supported counseling and testing centers from four to 169 via mobile voluntary counseling and testing (VCT) services that improve accessibility to HIV testing, particularly for high-risk groups.

- Worked with the private sector to improve prevention efforts, increase the use of counseling and testing services, and improve access to ART in West Africa. In **Guinea**, through support from USAID, the company in charge of the world's largest bauxite mine will fund and keep open two HIV/AIDS counseling and screening centers and will continue to provide free VCT services to mine workers and their families.

- Provided nutrient-dense take-home food rations in **Ghana** to 14,000 people living with HIV/AIDS and OVC and their family members, as well as psychosocial counseling to 686 others.

For More Information

USAID/West Africa
E. 45/3 Independence Avenue
P.O. Box 1630
Accra, Ghana
Tel: 233-21-228440, 225087, 225326, 770285, 770292
Fax: 233-21-770101

Web Site: westafrica.usaid.gov

USAID HIV/AIDS Web site for West Africa:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/waregional.html

For more information, see USAID's HIV/AIDS Web site: *http://www.usaid.gov/our_work/global_health/aids*

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